

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-870)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	NO.	DEP.	NO.	DEP.	NO.	DEP.		NO.	DEP.	NO.	DEP.	NO.	DEP.
1							61						
2							62						
3							63						
4							64						
5							65						
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41													
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44													
45													
46													
47													
48													
49													
50													
TOTAL NO.							TOTAL NO.	5					
TOTAL DEP.							TOTAL DEP.	83					
TOTAL							TOTAL	88	1994/06/01	1996/01/12	2000/01/11		